

## **Application Data Sheet**

### **Application Information**

<b>Application Type::</b>	Continuation-in-Part
<b>Subject Matter::</b>	Utility
<b>Suggested classification::</b>	
<b>Suggested Group Art Unit::</b>	
<b>CD-ROM or CD-R?::</b>	None
<b>Computer Readable Form (CRF)?::</b>	No
<b>Title::</b>	MICROBIAL CELLULOSE WOUND DRESSING FOR TREATING CHRONIC WOUNDS
<b>Attorney Docket Number::</b>	079579-0133
<b>Request for Early Publication?::</b>	No
<b>Request for Non-Publication?::</b>	No
<b>Suggested Drawing Figure::</b>	1
<b>Total Drawing Sheets::</b>	4
<b>Small Entity?::</b>	Yes
<b>Petition included?::</b>	No
<b>Secrecy Order in Parent Appl.?::</b>	No

### **Applicant Information**

<b>Applicant Authority Type::</b>	Inventor
<b>Primary Citizenship Country::</b>	Philippines
<b>Status::</b>	Full Capacity
<b>Given Name::</b>	Gonzalo
<b>Family Name::</b>	Serafica
<b>City of Residence::</b>	Troy
<b>State or Province of Residence::</b>	New York

**Country of Residence::** US  
**Street of mailing address::** 34 College Avenue  
**City of mailing address::** Troy  
**State or Province of mailing address::** NY  
**Postal or Zip Code of mailing address::** 12180

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
**Status::** Full Capacity  
**Given Name::** Richard  
**Family Name::** Mormino  
**City of Residence::** Round Lake  
**State or Province of Residence::** New York

**Country of Residence::** US  
**Street of mailing address::** 5 Ames Avenue  
**City of mailing address::** Round Lake  
**State or Province of mailing address::** NY  
**Postal or Zip Code of mailing address::** 12151

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
**Status::** Full Capacity  
**Given Name::** Gerry Ann  
**Family Name::** Oster  
**City of Residence::**  
**Country of Residence::**  
**Street of mailing address::**

**Applicant Authority Type::** Inventor

**Primary Citizenship Country::** US  
**Status::** Full Capacity  
**Given Name::** Kevn E.  
**Family Name::** Lentz  
**City of Residence::**  
**Country of Residence::**  
**Street of mailing address::**

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
**Status::** Full Capacity  
**Given Name::** Kevin  
**Family Name::** Koehler  
**City of Residence::**  
**Country of Residence::**  
**Street of mailing address::**

#### **Correspondence Information**

**Correspondence Customer Number::** 22428  
**E-Mail address::** PTOMailWashington@Foley.com

#### **Representative Information**

<b>Representative Customer Number::</b>	22428	
---	-------	--

#### **Domestic Priority Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
This Application	Continuation-in-part of	10/132,171	4/26/2002

### Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

### Assignee Information

**Assignee name::** Xylos Corporation